U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U - 1/064

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING TH'S REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.		4. Name, file number, and address of labor organization.			
Name James Rog	ers	Name	I.U.P.A.T. District Coun	cil No. 9	AFL-CIO
		Labor	Organization File Number 006-770	)	
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any			
Street 416 3rd Street		Street	45 West 14th Street		
City East Northport		City	New York		
State New York	ZIP Code +4 11731	State	New York	ZIP Code + 4	10011-7419
5. Position in labor organization. Organizer					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instruct ons):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including to	rade name, if any).	7.a. Nati	ure of Interest, Transaction, or Income.		
Name		None.			
Trade Name, if any:					
P.G. Box, Bldg., Room No., if any					
Street		7.b, Am	ount.		
City				\$0	
State	ZIP Code + 4				
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					

James Rogers

Telephone Number

Name of Person Filing	James Rogers	File Number U+

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

9. Business deals with

9. Business deals with

7. D. Box, Bldg., Room No., if any

8. Trust

9. Trust

9. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

State New York

P.O. Box, Bldg , Room No., if any

Garden City

Street

City

State

ZIP Code + 4

ZIP Code + 4 11530

11.a. Nature of such dealing.

None.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended golf outing sponsored by legal firm.

**12.b. Amount.** \$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment,
(including trade name, if any).	None
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	-
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$0

\$0

Name of Person Filing James Rogers

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	Business deals with:
Name Koehler & Isaacs, LLP	★ a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any 29th floor	b. Trust
Street 120 Broadway	c. Employer
City New York	
State New York ZIP Code + 4 10271	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Fees paid for legal services for calendar year 2004.
Trade Name, if any:	
P O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$149,199
	12.a. Nature of interest held or income received.
	Holiday Gift - Efer of the month club.
	<b>12.b.</b> Amount. \$75